

Monroe County Florida

Accident/Incident Investigation Report Send Immediately to Your Department Head			Date Received Risk Mgt. ____/____/____ Safety ____/____/____			
1. Name			2. Department			
3. Date	/ / Time: AM PM		4. Location			
	M D Y		5. Job Title			
6. Location of Accident						
Street Address:				City/Key		
7. Activity or task being done at time of accident						
8. Witness (include address and Phone						
1. Name:				Phone:		
Street & #:				City:		
2. Name:				Phone:		
Street & #:				City:		
9. Describe Accident:						
Was the injury: <input type="checkbox"/> Very Minor <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Serious <input type="checkbox"/> County Vehicle/Unit ID#						

Employee	10. Employee's report on how & why accident occurred:					
	11. What do you recommend be done to prevent accident					
Employee Signature:				Date:		

Supervisor	12. Supervisor report of how & why accident/incident occurred (include unsafe act, cause & root cause)					
	Continue on back ➡					
	13. What will be done to prevent reoccurrence? (remove, repair, barricade, retrain, etc.)					
Supervisor Signature:		Print Name:		Phone:		Date

Department Director	14. Dept. Dir. Comments & Recommendations:					
	Dept. Dir. Signature: or: Sheriff Office Commander		Print Name:		Phone:	

Division Director	15. Div. Dir. Comments & Recommendations:					
	Div. Dir. Signature or: Sheriff Office Safety Rep.		Print Name		Phone:	

Safety Officer	16. Safety Officer Recommendations:					
	Safety Officer: _____				Date: _____	
Signature						